

NHS Buckinghamshire, Oxfordshire and West Berkshire Integrated Care Board (ICB)

Policy	LOCAL ANTI FRAUD, BRIBERY AND CORRUPTION POLICY
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Document Control

Reviewers and Approvals

This document requires the following reviews and approvals:

Name	Version Approved	Date Approved
Audit Committee	2.0	25 April 2023

Revision History

Version	Revision Date	Details of Changes	Author
2	17/2/23	Introduction of Gov Functional Standards	Anti-Crime Specialist (ACS)
		Local Counter Fraud Specialist (LCFS) replaced by Anti-Crime Specialist (ACS)	Anti-Crime Specialist (ACS)
		Introduction of Fraud Champions	Anti-Crime Specialist (ACS)
		CCG changed to ICB	Anti-Crime Specialist (ACS)

Links or Overlaps with Other Key Documents and Policies

Document Title	Version and Issue Date	Link
Disciplinary Policy	V1.4 July 2019	Buckinghamshire:

	V3 October 2019	https://hr-bobccg.scwcsu.nhs.uk/index.php/resources/policies-bobccg/2-buckinghamshire-ccg-1/13955-disciplinary-policy-v1-4-6/file
	V1.4 1 June 2016	Oxfordshire: https://hr-bobccg.scwcsu.nhs.uk/index.php/resources/policies-bobccg/3-oxfordshire-ccg-1/13794-disciplinary-policy-v3-0-2/file Berkshire West: https://hr-bobccg.scwcsu.nhs.uk/index.php/resources/policies-bobccg/4-berkshire-west-ccg-1/14075-disciplinary-policy-v1-4-7/file
BOB ICBs Standards of Business Conduct (Conflicts of Interest) Policy	V1 21 July 2021	https://www.bucksoxonberksw.icb.nhs.uk/media/2107/standards-of-business-conduct-policy.pdf
Whistleblowing Policy	V1.2 21 June 2016	Buckinghamshire: https://hr-bobccg.scwcsu.nhs.uk/index.php/resources/policies-bobccg/2-buckinghamshire-ccg-1/13961-freedom-to-speak-up-raising-concerns-in-the-nhs-whistleblowing-policy-v1-2-3/file
	V1.1 April 2021	Oxfordshire: https://hr-bobccg.scwcsu.nhs.uk/index.php/resources/policies-bobccg/3-oxfordshire-ccg-1/14132-whistleblowing-policy-freedom-to-speak-up-v1-1/file
	V1 16 May 2016	Berkshire West: https://hr-bobccg.scwcsu.nhs.uk/index.php/resources/policies-bobccg/4-berkshire-west-ccg-1/14079-freedom-to-speak-up-raising-concerns-whistleblowing-policy-for-the-nhs-v1-0/file

Acknowledgement of External Sources

Title / Author	Institution	Link
Human Rights Act 1998	HM Government	www.opsi.gov.uk/acts
Race Relations (Amendment) Act 2000	HM Government	www.opsi.gov.uk/acts
The Sex Discrimination (Gender Reassignment) Regulations 1999	HM Government	www.opsi.gov.uk/acts
The Sex Discrimination Act 1975 (Amendment) regulations 2003	HM Government	www.opsi.gov.uk/acts
The Equality Act 2010	HM Government	https://www.gov.uk/guidance/equality-act-2010-guidance
NHS Counter Fraud Authority Gov Functional Standards	NHS Counter Fraud Authority	https://cfa.nhs.uk/government-functional-standard

The Fraud Act 2006	HM Government	http://www.legislation.gov.uk/ukpga/2006/35/contents
The Bribery Act 2010	HM Government	www.legislation.gov.uk/ukpga/2010/23/data.pdf

Freedom of Information

If requested, this document may be made available to the public and persons outside the healthcare community as part of BOB ICBs commitment to transparency and compliance with the Freedom of Information Act.

Equality Analysis

The BOB ICBs aim to design and implement services, policies and measures that are fair and equitable. As part of the development of this policy its impact on staff, patients and the public have been reviewed in line with the BOB ICB's legal equity duties.

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1. Introduction

- 1.1 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) is committed to reducing fraud, bribery or corruption in the NHS. This policy replaces the previous individual CCG policies for countering fraud.

This policy has been produced by the Anti-Crime Specialist (ACS) and is intended as a guide for all employees, consultants, agency staff, contractors, suppliers, service users and to be used with any anti-fraud, bribery and corruption work within the NHS.

The Trust will seek the most appropriate disciplinary, regulatory, civil and criminal sanctions where fraud has been committed and where possible will attempt to recover losses. To this end, the Trust's assets and interests must be accounted for and be safeguarded from losses arising from fraud, bribery or corruption.

Included within this document are extracts from sections of the criminal law under which charges might be brought.

The policy provides information on what consists of fraud, bribery and corruption and the process which is followed when an allegation is received.

The Trust has commissioned a counter fraud service to be provided by an accredited ACS, trained to conduct their work in a professional, confidential, and ethical manner:

Victoria Dutton

Anti-Crime Specialist

Tel: 07826 858746

Victoria.dutton@tiaa.co.uk

2. Purpose

- 2.1 This document provides a guide for staff on what fraud is in the NHS, what everyone's responsibility is to prevent fraud, bribery and corruption, and how to report it. It is not intended to provide a comprehensive approach to preventing and detecting fraud and bribery. The overall aims of this policy are to:

- improve the knowledge and understanding of everyone in the Trust, irrespective of their position, about the risk of fraud and bribery within the organisation and its unacceptability.
- assist in promoting a climate of openness and a culture and environment where staff feel able to raise concerns sensibly and responsibly.
- set out the Trust's responsibilities in terms of the deterrence, prevention, detection and investigation of fraud and bribery.
- ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
 - Criminal prosecution
 - civil prosecution

-
- internal/external disciplinary action (including professional/regulatory bodies)

3 Scope

- 3.1** This policy applies to all staff within the Trust, regardless of position held, including all substantive employees as well as consultants, vendors, contractors, and/or any other parties who have a business relationship with the Trust. It will be brought to the attention of all staff and form part of the induction process for new staff. All staff have a responsibility to protect the assets of the Trust, including all buildings, equipment and monies from fraud, theft, or bribery. It is incumbent on all of the above to report any concerns they may have concerning fraud and/or bribery.

4 Defining Fraud, Bribery and Corruption

4.1 NHS Counter Fraud Authority

Crime against the NHS can seriously undermine its effectiveness and ability to deliver healthcare services. NHS CFA has the responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS. It also has a responsibility to ensure that any investigations are conducted in accordance with the NHS CFA Strategy 2020-2023.

The NHS CFA is independent from other NHS bodies and is directly accountable to the Department of Health and Social Care.

4.2 The Government Functional Standard

The Government Functional Standard (013) has been developed to support organisations in implementing appropriate measures to counter fraud, bribery and corruption. Having appropriate measures in place helps protect NHS resources against fraud and ensures they are used for their intended purpose - the delivery of patient care.

Annually, the Trust will submit a self-assessment against compliance with the Standard. The Anti-Crime Specialist (ACS) will assist the Trust in the completion of the Counter Fraud Functional Standard Return, which is due for upload at the end of the financial year.

The agreed counter fraud work-plan demonstrates compliance with the requirements of the Government Functional Standard, Counter Fraud twelve components briefly summarised as follows:

- Accountable individual
- Counter fraud, bribery and corruption strategy
- Fraud, bribery and corruption risk assessment
- Policy and response plan
- Annual action plan
- Outcome based metrics
- Reporting routes

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- Reporting identified loss
 - Access to trained investigators
 - Undertake detection activity
 - Access to and completion of fraud awareness training
 - Policies and registers for gifts, hospitality and conflicts of interest

4.3 Fraud

Fraud is defined as: a dishonest act (or a failure to act) made with the intention of making a financial gain or causing a financial loss (or risk of loss).

The dishonest act does not need to be successful for fraud to be committed, as long as the intention exists. Neither does the financial gain have to be personal but can be for the benefit of another. Where the intent is to cause a loss to the organisation, no gain by the perpetrator needs to be shown.

Petty theft, without the distortion of financial statements or other records, will normally be dealt with by the Local Security Management Specialist and reported to the Police. However, where an employee abuses their position to misappropriate cash or other the Trust income this may be considered to be fraud and dealt with under this policy.

The Fraud Act 2006 is the relevant legislation. The Act includes eight separate offences; those most applicable to the NHS and this policy are:

- **Fraud by false representation** - is defined by Section 2 of the Act. A person may be guilty of an offence if they dishonestly make a false representation, and intend, by making the representation to make a gain for themselves or another, or to cause loss to another or to expose another to a risk of loss. For example, an employee claiming travel expenses for journeys they have not done.
- **Fraud by failing to disclose information** - is defined by Section 3 of the Act. A person may be guilty of an offence if they dishonestly fail to disclose to another person information which they are under a legal duty to disclose, and intends, by failing to disclose the information to make a gain for themselves or another, or to cause loss to another or to expose another to a risk of loss. For example, failing to disclose criminal convictions when asked to do so as part of the recruitment process, in order to obtain employment.
- **Fraud by abuse of position** - is defined by Section 4 of the Act. A person may be guilty of an offence if they occupy a position in which they are expected to safeguard, or not to act against, the financial interests of another person, dishonestly abuses that position, and intends, by means of the abuse of that position to make a gain for themselves or another, or to cause loss to another or to expose another to a risk of loss. For example, a manager creating ghost employees and paying the salaries into their own bank account.
- **Possession of articles for use in fraud(s)** - is defined by Section 6 of the Act. A person may be guilty of an offence if they have in their possession or under their control any article for use in the course of or in connection with any fraud. For example, using a false passport or other documentation to secure employment.
- **Making or supplying articles for use in fraud(s)** - is defined by Section 7 of the Act. A person may be guilty of an offence if they make, adapt, supply, or offer to supply any article knowing that it is designed or adapted for use in the course of or in connection with fraud, or intending it to be used to commit, or assist in the commission of, fraud. For

example, producing a prescription in a patient's name with the intention of obtaining drugs and retaining them for personal use, or supplying them to another.

It should be noted that all offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with the intention to make a gain or cause a loss for an individual or another. The act of making a gain or loss does not have to be successful for the offence to be complete.

Examples of fraud but not limited to include:

- Staff claiming for additional hours not worked
- Staff claiming false expenses
- Staff using false documents to obtain employment
- Staff working elsewhere whilst claiming sick pay
- Managers obtaining goods and services for personal use.

4.4 Bribery and corruption

The Bribery Act 2010 is the relevant legislation. The Act creates a number of criminal offences and those most applicable to the NHS and this policy are:

Offence of bribing another person - is defined by section 1 of the Act. It is also an offence for a person to offer, promise, or give a bribe to another person as an inducement for them improperly performing any duty. For example, providing excess hospitality to a potential purchaser or commissioner of the organisation's services.

Offence of being bribed - is defined by section 2 of the Act. It is an offence for a person to request, or agree to receive, or accept a financial or other advantage as an inducement to, or as a reward for, the improper performance of any function or activity. For example, where an employee who sells confidential information to a third party or provides preferential treatment to suppliers or patients for a fee.

Failure of a commercial organisation to prevent bribery – is defined within section 7 of the Act. If an individual bribes another person to obtain or retain business, or an advantage in the conduct of business for an organisation, then that organisation may also be guilty of an offence. For example, if an NHS Trust fails to put adequate controls in place to prevent bribery and an employee offers a bribe to the Trust.

A "financial or other advantage" has a wide meaning and could include holidays or entertainment, contracts, non-monetary gifts and offers of employment etc.

A "relevant function or activity" covers "any function of a public nature; any activity connected with a business, trade or profession; any activity performed in the course of a person's employment; or any activity performed by or on behalf of a body of persons whether corporate or unincorporated".

The conditions attached are that the person performing the function should be expected to perform it in good faith or with impartiality, or that an element of trust attaches to that person's role.

Activity will be considered to be "**improperly**" performed when there is a breach of good faith, impartiality, or a position of trust.

The standard in deciding what would be expected is what a reasonable person in the UK might expect of a person in such a position.

Any concerns about bribery should be referred to the Anti-Crime Specialist (ACS).

4.5 The Computer Misuse (under the Computer Misuse Act 1990)

The Computer Misuse Act became law in 1990; the Act identifies three specific offences:

- Unauthorised access to computer material
- Unauthorised access with intent to commit or facilitate commission of further offences.
- Unauthorised acts with intent to impair, or with recklessness as to impairing operation of computer, etc.

Unauthorised access to computer material could include using another person's identifier (ID) and password without proper authority in order to use data or a program, or to alter, delete copy or move a program or data.

Unauthorised access with intent to commit or facilitate commission of further offences could include gaining unauthorised access to financial or administrative records with intent.

Unauthorised acts with intent to impair, or with recklessness as to impairing the operation of computer, could include destroying another user's files, modifying system files, creation of a virus, changing clinical records, and deliberately generating information to cause a complete system malfunction.

The fraudulent use of information technology will be reported by the Head of Information Security (or equivalent) to the ACS.

5. Roles and Responsibilities

ROLE	RESPONSIBILITY
Chief Executive	Are responsible for ensuring there is a policy in place.
Audit Committee	Is responsible for amendment and approval of this policy.
Trust Board	The Board should take overall responsibility for the effective design, implementation and operation of the anti-bribery and corruption initiatives. The Board should ensure that senior management is aware of and accepts the initiatives, and that they are embedded in the corporate culture.
Director of Finance	The DoF is provided with powers to approve financial transactions initiated by directorates across the organisation. All anti-fraud, bribery and corruption work within the organisation is directed by the DoF.

HR	Refer to relevant paragraphs in Section 5.6
Managers	Refer to relevant paragraphs in Section 5.8
All ICB Employees	Have a responsibility to: <ul style="list-style-type: none"> • Support the Trust to achieve its Vision • Act at all times in accordance with the Trust values • Follow duties and expectations of staff as detailed in the NHS Constitution – Staff Responsibilities
Anti-Crime Specialist	The ACS is responsible for tackling fraud, corruption and bribery affecting the Trust
Fraud Champion	The role of a Fraud Champion was introduced by the NHS CFA in 2019 and forms part of the Trust's counter fraud provision. Having a Fraud Champion is an essential part of the Government Functional Standard GovS 013: Counter Fraud.

5.1 Accountable Officer

The Accountable Officer has the overall responsibility for funds entrusted to the organisation. The Accountable Officer must ensure adequate policies and procedures are in place to protect the organisation and the public funds entrusted to it from instances of fraud, bribery and corruption.

5.2 Audit and Risk Committee

The audit committee are responsible for seeking assurance that the company has adequate arrangements in place for countering fraud and bribery and compliance with NHSCFA requirements. This will include but is not limited to reports from the Local Counter Fraud Specialist, the annual self-assessment submission to NHSCFA (self-review tool), and from NHSCFA inspection reports. Actions resulting from counter fraud activity including NHSCFA quality assessment reports will be monitored. The committee is also responsible for approving the annual counter fraud work plan and the outcomes of all anti-fraud and bribery work within the organisation. Incomplete Further information on the responsibilities of the audit committee can be found in the NHS Audit Committee Handbook 2018 which can be accessed online via <https://www.hfma.org.uk/publications>

Audit Committee reports on its counter fraud work in its annual report and self assessment.

Standing item on the Audit Committee agenda.

5.3 The Trust Board

The Governing Body should take overall responsibility for the effective design, implementation and operation of the anti-bribery and corruption initiatives. The Governing Body should ensure that senior management is aware of and accepts the initiatives, and that they are embedded in the corporate culture.

5.4 The Director of Finance (DoF)

The DoF is provided with powers to approve financial transactions initiated by directorates across the organisation.

The DoF prepares, documents, and maintains detailed financial procedures and systems that incorporate the principles of separation of duties and internal checks to supplement those procedures and systems.

All anti-fraud, bribery and corruption work within the organisation is directed by the DoF. The DoF shall be responsible for operational matters such as authorising the investigation of alleged fraud, interviews under caution and the recovery or write-off of any sums lost to fraud.

The DoF will inform the ACS, of any incidents where fraud, bribery or corruption is suspected within the organisation. Depending on the outcome of initial investigations, the DoF shall inform and consult the Accountable Officer and appropriate senior management in cases where there may be a material loss due to fraud, bribery or corruption, or where the incident may lead to adverse publicity.

A decision on whether to refer the matter to the Crown Prosecution Service (or another agency), seek Police assistance or to commence criminal proceedings will be made with the agreement of the DoF and ACS.

5.5 Fraud Champion

The role of a Fraud Champion was introduced by the NHS CFA in 2019 and forms part of the Trust's counter fraud provision. Having a Fraud Champion is an essential part of the Government Functional Standard GovS 013: Counter Fraud.

The Trust has appointed a Fraud Champion who supports and promotes the fight against fraud at a strategic level and with other colleagues within the Trust. The fraud champion also supports the ACS in the work that they already do.

5.6 Internal and external audit

The role of internal and external audit includes reviewing controls and systems and ensuring compliance with standing financial instructions. They have a duty to pass on any suspicions of fraud, bribery or corruption to the ACS.

5.7 Human Resources (HR)

Human Resources staff are one of the staff groups playing a vital role in identifying and reporting incidents of suspected fraud, bribery and corruption.

Criminal and disciplinary processes have different purposes, different standards of proof, and are governed by different rules. As such, it would not be appropriate for one investigation to cover both criminal and disciplinary matters. However, a disciplinary enquiry can proceed in parallel with a criminal investigation as long as there is close co-operation between Human Resources staff, the organisation's investigating officer and the ACS.

A criminal investigation seeks to establish the facts in relation to a suspected criminal offence. Investigators are bound by rules of evidence, including the Criminal Procedure and Investigations Act 1996 (CPIA), the Police and Criminal Evidence Act 1984 (PACE) and Codes of Practice. **Guilt in a criminal prosecution must be proved 'beyond reasonable doubt'.**

The purpose of a disciplinary investigation is to establish the facts of the case, i.e. to ascertain whether there is a reasonable belief that the alleged misconduct has occurred; whether the employee has any explanation for the alleged misconduct; and whether there are any special

circumstances to be taken into account. Disciplinary investigations and ensuing proceedings must adhere to the Advisory, Conciliation and Arbitration Services (ACAS) Code of Practice on Disciplinary and Grievance Procedures, as well as any local HR policies.

The NHS Counter Fraud Authority's approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of possible sanctions – including criminal, civil, disciplinary and regulatory – should be considered at the earliest opportunity, and any, or all of these, may be pursued where and when appropriate. The consistent use of an appropriate combination of investigative processes in each case demonstrates an organisation's commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.

It is not unusual for the criminal and disciplinary processes to overlap. For example, an employee who is being investigated for suspected fraud may also be the subject of disciplinary proceedings by their employer arising out of the same set of circumstances.

In the case of parallel criminal and disciplinary processes, these should be conducted separately, but there needs to be close liaison between the ACS and the HR functions since one process may impact on the other. This may include the sharing of information where lawful and at the appropriate time.

5.8 Anti-Crime Specialist (ACS)

The ACS is responsible for tackling fraud, corruption and bribery affecting the Trust, in accordance with national NHS CFA standards. Adherence to standards is important to ensure that the Trust has appropriate anti-fraud, bribery and corruption measures in place. The ACS will look to achieve the highest possible standards and will report directly to the DoF and at least annually to the Audit Committee.

The ACS will be responsible for the day-to-day implementation of all components of the Government Functional Standard 013.

The ACS will work with key colleagues and stakeholders to promote anti-fraud work, conduct risk assessments, apply effective preventative measures and investigate allegations of fraud and corruption.

The ACS will ensure that the NHS CFA case management system is used to record all allegations of suspected fraud, bribery and corruption, and to provide information to inform national intelligence.

The ACS will use the NHS CFA case management system, CLUE, to support and progress the investigation of fraud, bribery and corruption allegations, in line with NHS CFA guidance.

The ACS will follow NHS CFA guidance, as set out in the NHS anti-fraud manual and current case acceptance criteria, in supporting the investigation of all allegations of fraud, bribery and corruption. The ACS will ensure that relevant legislation, such as the Police and Criminal Evidence Act 1984 and the Criminal Procedure and Investigations Act 1996, is adhered to.

The ACS will complete witness statements that satisfy the NHS CFA training model and best practice, and follow national guidelines approved by the Crown Prosecution Service (CPS).

The ACS will ensure that interviews under caution are conducted following the NHS CFA training model, and the Police and Criminal Evidence Act 1984.

The ACS will develop and deliver comprehensive risk based anti-fraud work

5.9 Managers

All managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review.

Managers have a responsibility to ensure that employees are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers will also be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures.

Any instances of actual or suspected fraud, bribery or corruption brought to the attention of a manager should be immediately reported to the ACS or via the national Fraud and Corruption Reporting Line (FCRL).

The NHS FCRL can be contacted on 0800 028 40 60, or alternatively, fraud can be reported confidentially online at www.cfa.nhs.uk/reportfraud

These reporting methods are not intended to replace existing local reporting lines, but rather to provide another way for those who feel unable to use them.

It is important that managers do not investigate any suspected financial crimes themselves.

Managers will promptly provide support and information to the ACS to enable them to carry out their duties. In particular, managers and their staff will co-operate with, and participate in, activities at the request of NHS Counter Fraud Authority and the ACS, including the implementation of national anti-fraud, bribery and corruption measures. Managers will also ensure that employees adhere to guidance provided in intelligence alerts, bulletins and local warnings issued by NHS Counter Fraud Authority and the ACS.

Managers will proactively identify and report any system weaknesses that could facilitate fraud, bribery or corruption.

5.10 All employees

All employees are required to comply with the policies and procedures of the Trust and apply best practice in order to prevent fraud, bribery and corruption. All employees have a responsibility to protect NHS resources from such crimes.

Employees who are involved in, or manage, internal control systems should ensure that they receive adequate training and support in order to carry out their responsibilities.

If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the ACS and/or use the other reporting methods explained in Appendix 1 of this policy.

An employee having reported a suspicion of fraud should not speak to the member of staff they suspect has committed the fraud.

Under no circumstances should a member of staff speak or write (including email) to representatives of the press, TV, radio, or to another third party, about suspected fraud, bribery or corruption. The established lines of reporting concerns to the DoF, ACS or via the Fraud and Corruption Reporting Line should be used and staff can be reassured that all allegations will be investigated.

5.12 External parties

Those organisations undertaking work on behalf of the ICB are expected to maintain strong anti-fraud principles and have adequate controls in place to prevent fraud when handling

public funds and dealing with customers on behalf of the ICB. Contractors and sub-contractors acting on ICB's behalf are responsible through contractual arrangements put in place during the tender process and through contracts, for compliance with the Bribery Act 2010.

5.13 External communications

Individuals (be they Board members, employees, agency staff, locums, contractors or suppliers) must not communicate with any member of the press, media or another third party about a suspected fraud as this may seriously damage the investigation and any subsequent actions to be taken. Anyone who wishes to raise such issues should discuss the matter with either the Director of Finance or the Chief Executive.

6 The Response Plan

6.1 Bribery and Corruption

The Trust has conducted risk assessments to assess how bribery and corruption may affect the organisation. Where the ACS has identified risks the organisation will ensure that proportionate procedures are put in place to mitigate these risks.

Tendering, procurement and the awarding of contracts must comply with the Trust's Standing Orders and Standing Financial Instructions.

6.2 Reporting fraud, bribery or corruption

Any employee of the Trust discovering or suspecting fraud, bribery or corruption should report the matter immediately to the Anti-Crime Specialist (ACS) or the DoF.

The ACS for the Trust is Victoria Dutton; she can be contacted by telephone on 07826 858746 or by email: victoria.dutton@tiaa.co.uk

All information received is treated in the strictest confidence.

If an employee is concerned that the ACS or the DoF themselves may be implicated in suspected fraud, bribery or corruption, the matter should be reported to the Accountable Officer.

Suspicions of fraud, bribery and corruption can also be reported using the NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60, or by filling in an online form at www.cfa.nhs.uk/reportfraud, as an alternative to internal reporting procedures and if staff wish to remain anonymous.

A guide has been included in the appendix of this policy (Appendix 1), to provide a reminder of the key contacts and a checklist of the actions to follow if fraud, bribery and/or corruption, is discovered or suspected. Managers are encouraged to make staff aware of this and to place it on staff notice boards.

All reports of fraud, bribery and corruption, however they are reported, will be taken seriously and thoroughly investigated in accordance with NHS CFA guidance and relevant legislation.

6.3 Investigations

the Trust is regularly updated on actions and progress for new and ongoing investigations. A case cannot be raised without prior agreement and discussion between the ACS and the DoF. Once agreed the case is then added to the NHS CFA CLUE system for the recording and management of investigation work. Updates are provided as and when required or at scheduled quarterly meetings with the DoF. The Audit Committee receives a progress report with clear updates and actions taken with cases discussed at each meeting.

6.4 Sanction and redress

Where an objective investigation has found that fraud, bribery and corruption is present the organisation will seek to apply appropriate sanctions. This may include:

- **Criminal Prosecution** - The ACS will work in partnership with NHS Counter Fraud Authority, the Police and/or the Crown Prosecution Service to bring a case to court against the alleged offender.
- **Disciplinary** - Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent/illegal act. Fraud is defined by the Trust as gross misconduct. The Disciplinary Policy can be found on the Trust's intranet.
- **Civil proceedings** - Civil sanction will be applied against those who commit fraud, bribery and corruption to recover money and/or assets, including interest and costs, which have been fraudulently obtained.
- **Professional body disciplinary** – If the organisation is aware during the course of an investigation that a Healthcare Professional is involved in fraud, bribery or corruption, there is a risk to patient safety or there is a significant risk to public funds, a referral to the appropriate regulatory body will be made to consider whether fitness to practice procedures should be invoked.

6.5 Whistleblowing

The ICB wants all employees to feel confident that they can report any fraud, bribery and corruption suspicions without any risk to themselves. In accordance with the Public Interest Disclosure Act 1998, the ICB has produced a Whistleblowing Policy and user guide which should be read in conjunction with this policy. The policy ensures there is full provision for staff to raise any concerns with others if they do not feel able to raise them with their line manager/management chain.

To support the reporting of fraud using the NHSCFA fraud reporting process (as outlined above) all employees should be aware of NHS Improvement and NHS England's: Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016 and NHS England's Freedom to speak up in Primary Care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017. These all form the minimum standards for raising of concerns in the NHS for the benefit of all patients in England.

7 Definitions

Fraud Act 2006	www.legislation.gov.uk/ukpga/2006/35/contents
Bribery Act 2010	www.legislation.gov.uk/ukpga/2010/23/data.pdf
Computer Misuse Act 1990	www.legislation.gov.uk/ukpga/1990/18/contents
Theft Act 1968	www.legislation.gov.uk/ukpga/1968/60/contents
AFS	Anti-Crime Specialist
NHS CFA	National Counter Fraud Authority
LSMS	Local Security Management Specialist

Fraud	is dishonestly making a false representation, failing to disclose information or abusing a position held, with the intention of making a financial gain or causing a financial loss
Bribery and corruption	Bribery and corruption involves offering, promising or giving a payment or benefit in kind in order to influence others to use their position in an improper way to gain an advantage

8. Responsibility for Document Development

The nominated author for this policy is the ACS.

The lead Director for this policy is the Director of Finance.

The committee charged with monitoring the development of this document is the Audit Committee.

9. Equality Impact Assessment

Under the Race Relation (Amendment) Act 2000 the ICB is required to undertake equality impact assessments on all policies/guidelines and practices. This obligation has been expanded to include equality and human rights with regard to disability, age, gender and religion.

10. Consultation, Approval and Ratification Process

10.1 Consultation Process: the following are identified:

- Director of Finance
- Director responsible for HR
- Audit Committee

10.2 Policy Approval and Ratification Process

The policy will be approved by the Audit Committee and reviewed every two years or sooner depending on legislative changes. The policy will be ratified by the ICB Board.

11. Dissemination and Implementation

The Policy will be communicated to all Staff and Managers via the ICB Intranet and also referenced within fraud awareness material, presentations and induction.

12. Process for Monitoring Compliance and Effectiveness

Standards/Key Performance Indicators

The following monitoring processes are in place for this policy:

Standard	Monitoring Process
Monitoring arrangements for compliance and effectiveness.	A report will be provided to the approving committee.
Responsibility for conducting the monitoring/audit	The ACS will monitor the effectiveness of this policy
Frequency of the monitoring/audit.	Annual.
Process for reviewing results and ensuring improvements in performance occur.	The Audit Committee will review the results of this audit/report. The discussion and action any action points will be recorded in the minutes and followed up by the Audit Committee.

Monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Arrangements might include reviewing system controls on an on-going basis and identifying weaknesses in processes. Where deficiencies are identified as a result of monitoring, the ICB will ensure that appropriate recommendations and action plans are developed and progress of the implementation of recommendations is tracked.

As a result of reactive and proactive work completed throughout the financial year, closure reports are prepared and issued by the ACS. System and procedural weaknesses are identified in each report and suggested recommendations for improvement are highlighted. The ICB , together with the ACS will track the recommendations to ensure that they have been implemented.

The ICB are required to complete the NHSCFA Counter Fraud Functional Standard Return (CFFSR) and submit these annually to NHSCFA. The ICB must mark themselves against each of the requirements either Compliant (green), Partially Compliant (Amber) or Non-Compliant (Red). A work-plan is required to address all partial and non-compliant requirements which will be monitored by the Audit Committee. An assessment process may be conducted by NHSCFA Quality and Compliance which will evaluate the ICB's effectiveness in dealing with the fraud, bribery and corruption risks it faces through one of four types of assessment: Full, Focused, Thematic or Triggered.

Any abuse or non-compliance with this policy or procedures will be subjected to a full investigation and appropriate disciplinary action.

APPENDIX A: NHS fraud and corruption: what to do and not to do; A desktop guide for the NHS Buckinghamshire, Oxfordshire and West Berkshire Integrated Care Board (ICB)

FRAUD is the dishonest intent to obtain a financial gain from, or cause a financial loss to, a person or party through false representation, failing to disclose information or abuse of position. **CORRUPTION** is the deliberate use of bribery or payment of benefit-in-kind to influence an individual to use their position in an unreasonable way to help gain advantage for another. **BRIBERY** is to give promise to offer a bribe, and to request, agree to receive or accept a bribe.

DO

- **Note your concerns**

Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.

- **Retain evidence**

Retain any evidence that may be destroyed, or make a note and advise your AFS.

- **Report your suspicion**

If you suspect that fraud against the NHS has taken place, you must report it immediately, by:

- directly contacting the **Anti-Crime Specialist**, or
- telephoning the NHS Fraud and Corruption Reporting Line, or
- online www.cfa.nhs.uk/reportfraud or,
- contacting the **Chief Finance Officer**.

Confidentiality will be respected – delays may lead to further financial loss.

DO NOT

- **Confront the suspect, or try to investigate**

Never attempt to question a suspect or attempt to gather evidence yourself; this could alert a fraudster or accuse an innocent person.

- **Report the matter to anyone else. E.g. Line manager**

Only report suspicions to either the AFS, Fraud Hotline 0800 028 40 60, www.cfa.nhs.uk/reportfraud, Whistleblowing or Chief Finance Officer.

- **Be afraid of raising your concerns.**

The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures.

- **Do nothing!**

Do you have concerns about a fraud taking place in the NHS?

If so, any information can be passed to the NHS Fraud and Corruption Reporting Line: **0800 028 40 60**
All calls will be treated in confidence and investigated by professionally trained staff

Your nominated Counter Fraud Specialist is **Victoria Dutton**, who can be contacted by telephoning **0845 300 3333 / 07826 858746**, or emailing victoria.dutton@tiaa.co.uk

If you would like further information about the NHS Counter Fraud Service, please visit www.cfa.nhs.uk

Protecting your NHS

DRAFT